

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042631 (7)

1. Corporation Name
IMT DATA SERVICES, INC.

Principal Place of Business
1130 SUSSEX DRIVE STE 1523
NO LAUDERDALE FL 33068

Mailing Address
1130 SUSSEX DRIVE STE 1523
NO LAUDERDALE FL 33068-5329



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1996		3a. Date of Last Report	
21		26		4. FEI Number 650667580		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Zip					
24 33068		29		30			
Country		Country					

9. Name and Address of Current Registered Agent

BUDOWSKI, WALTER D
1130 SUSSEX DRIVE STE 1523
NO LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code 33068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Walter D. Budowski
Signature, typed or printed name of registered agent and title, if applicable

4-29-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BUDOWSKI, WALTER D <input type="checkbox"/> DELETE	1.1 TITLE	D BUDOWSKI, WALTER D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 1130 SUSSEX DRIVE STE 1523	1.2 NAME	C/O 1130 SUSSEX DR. STE 1523
STREET ADDRESS	NO LAUDERDALE FL 33068	1.3 STREET ADDRESS	North Lauderdale, FL 33068
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D ALBURY, KEVIN W <input type="checkbox"/> DELETE	2.1 TITLE	D ALBURY, KEVIN W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 1130 SUSSEX DRIVE STE 1523	2.2 NAME	C/O 1130 SUSSEX DR. STE 1523
STREET ADDRESS	NO LAUDERDALE FL 33068	2.3 STREET ADDRESS	North Lauderdale, FL 33068
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Derrich Budowski
4/29/97 954-783-8421

Date

Daytime Phone #

CR2E034 (9/96)